

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040083

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318 P.H. M.D. 1003

Registrar's No.

10016

STATE FILE NUMBER

FILED OCT 29 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		c. CITY OR TOWN <u>ST LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP. #1.</u>		d. STREET ADDRESS (If outside, give location) <u>1325 COLE</u>	
3. NAME OF DECEASED (Type or print) First <u>J.</u> Middle <u>D.</u> Last <u>CARTLIDGE</u>		4. DATE OF DEATH Month <u>OCT.</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>4-9-1908</u>
9. AGE (last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>	
11. BIRTHPLACE (City and state or country) <u>WINONA MISS</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>FONZY CARTLIDGE</u>		13b. MOTHER'S MAIDEN NAME <u>MAGGIE CRAWFORD</u>	
14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Jimie Cartledge 2003 N. 14th St. MILWAUKEE WIS</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia tuberculosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>0021</u> DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia tuberculosis</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>10/5/62</u> Month, Day, Year <u>10/16/62</u> a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>10/5/62</u> to <u>10/16/62</u> and last saw her alive on <u>10/16/62</u> Death occurred at <u>1:40 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. E. Dunning M.D.</u>	
22b. ADDRESS <u>1515 LAFAYETTE AVE.</u>		22c. DATE SIGNED <u>10/16/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>10-20-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MOUNT VERNON</u>		23d. LOCATION (City, town, or county) (State) <u>WINONA MISS.</u>	
24. FUNERAL DIRECTOR <u>PRICE UND.CO</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 19 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Robert Smith M.D.</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Brittingham

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward Q. Flynn

Licensed Embalmer No. 4444

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.